

# ADULT VOLUNTEER APPLICATION

## MARY RILEY STYLES PUBLIC LIBRARY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is this volunteer opportunity designed to fulfill a community service requirement for you, i.e., service project for school or church or court-mandated hours? If so, how many hours do you need and by what date do your hours need to be completed? \_\_\_\_\_

\_\_\_\_\_

For what organization/ purpose do you need to perform community service? \_\_\_\_\_

\_\_\_\_\_

If you are not volunteering for community service requirements, why would you like to volunteer at the library? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special skills? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE OF THIS APPLICATION.**

**THE LIBRARY IS OPEN THE FOLLOWING HOURS:**

**Monday through Thursday: 9:00 a.m.–9:00 p.m.**

**Friday and Saturday: 9:00 a.m.–5:00 p.m.**

**WE PREFER TO SCHEDULE VOLUNTEERS ON WEEKDAYS, IF POSSIBLE.  
WE ASK FOR A 2 HOUR PER WEEK, SIX MONTH COMMITMENT.**

**PLEASE INDICATE WHEN YOU WOULD BE AVAILABLE:**

	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			<b>CLOSED</b>
<b>Saturday</b>			<b>CLOSED</b>

**HOW MANY HOURS A DAY YOU WOULD LIKE TO WORK: \_\_\_\_\_**

**HOW MANY DAY(S) A WEEK YOU WOULD LIKE TO WORK: \_\_\_\_\_**

Please return your completed application to: Sue Tarakemeh  
Adult Volunteer Coordinator  
Mary Riley Styles Public Library  
120 N Virginia Avenue  
Falls Church, VA 22046

**If you have any questions, please call 703-248-5222.**

**Thank you for your interest in our Library!**